



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

Quality Improvement Committee (QIC) Meeting Minutes

Tuesday, September 5, 2017

In Attendance:

Lisa Brace, RN, GUCCHD
Nanya Chiejine, GUCCHD
Emma Hambricht, JD, ORA, DDA
Anthony Hodges, PRBU, DDA
Titilayo Ilori, RN, Health & Wellness, DDA
Erin Leveton, SODA, DDS
Matt Mason, Ph.D., GUCCHD
Corey Neils (Facilitator), Program Specialist, PAU, DDA

Handouts from the Meeting

- ❖ Agenda

Review of August 1, 2017, Minutes

- ❖ No substantive changes to the minutes.

Continued Conversation on DDA Nursing and In-Home Supports from MRC Recommendation

- ❖ Erin Leveton, Program Manager of SODA, attended the committee meeting to clarify the main points of the District's proposal to modify In-Home Supports to High-Intensity In-Home Supports service. Erin pointed out that the proposal is based on the ideas presented in public forum, as well as, recommendations from the Mortality Review Committee. The service which would include nursing (coordination of behavioral, health and wellness services; and, provide support for the development, implementation, and training family members or others to providing services for the person) under the new waiver plan.

The use of Family Training (currently a waiver service) was also further discussed as a supplemental service/support to provide health education for families. The service, which will continue to be available in the new waiver, will allow approved vendors to offer additional health education to families with identified or expressed needs. The training can be specific but can focus on general primary health concerns and care factors like diabetes, hypertension, and heart disease. New vendors of the service are identified through the Provider Relations Business Unit of DDA and are assessed on their ability to render services. The committee discussed some of the qualifying factors that may have to be considered for peer-to-peer training which would be available under the Family Training service.





The committee discussed more technical aspects of the plan including barriers to implementation including assessing the need for the service, available staffing resources, Health and Wellness standards, as well as, the process for peer to peer training. GUCCHD presented the possibility of a needs survey to assist in obtaining an estimate and level of interest in the proposed service. For staffing, the plan includes rate adjustments for providers of in-home supports to extend nursing services to people identified for the service through the LON (scores over 5) and ISP process.

The question of the logistical aspects of addressing the needs people in natural homes settings was also discussed. Currently, one nurse provides oversight in these settings. The committee reviewed Health and Wellness process of communication with homes (which is now largely dependent on Services Coordinators) and noted that although the proposal has the potential of creating more avenues of communication, this may present the challenge of non-professional people communicating medical information and taking potentially complex care instructions. GUCCHD proposed the option of modifying/implementing standards including requiring a health passport for those in natural home settings (which is currently not required). This would also include revision of current monitoring tools to capture this new aspect. This matter will have to be discussed with DDS Administration.

Announcements and Other Updates

- ❖ GUCCHD is waiting on the Health and Wellness RN's availability to complete the training video to address care steps to take in a life-threatening situation.
- ❖ GUCCHD will develop a 1-hour module to train DSP's for those providers who participated in the NTG 3-day Train-the-trainer course once they receive the number of providers who took and passed the test.
- ❖ GUCCHD will review the Rapid Rehospitalization study at the next meeting. The 18 month look back at hospitalization will seek to find a correlative relationship between comorbidity and (re)hospitalization, using the Carlson indicator (a recognized quantitative index).

Next Meeting: Tuesday, October 3, 2017, at DDS.

